

**2006 NHIS Questionnaire - Sample Adult
Adult Conditions**

Document Version Date: 21-Feb-06

Question ID: ACN.250_00.000 **Instrument Variable Name:** JNTSYMP **QuestionnaireFileName:** Sample Adult**Question Text:** The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Universe: Sample adults 18+**Skip Instructions:** <1> [goto JMTHP]
<2,R,D> [goto ARTH]

Question ID: ACN.260_00.000 **Instrument Variable Name:** JMTHP **QuestionnaireFileName:** Sample Adult**Question Text:** (book) A5

Which joints are affected?

* Enter all that apply, separate with commas.

- 01 Shoulder-right
- 02 Shoulder-left
- 03 Elbow-right
- 04 Elbow-left
- 05 Hip-right
- 06 Hip-left
- 07 Wrist-right
- 08 Wrist-left
- 09 Knee-right
- 10 Knee-left
- 11 Ankle-right
- 12 Ankle-left
- 13 Toes-right
- 14 Toes-left
- 15 Fingers/thumb-right
- 16 Fingers/thumb-left
- 17 Other joint not listed
- 97 Refused
- 99 Don't know

Universe: Sample adults 18+ who had joint pain in the past 30 days**Skip Instructions:** <1-17,D,R> [goto JNTPN]

2005 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 21-Feb-06

Question ID: ACN.260_00.010 **Instrument Variable Name:** JNTPN **QuestionnaireFileName:** Sample Adult**Question Text:** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

0-10 0-10
97 Refused
99 Don't know

Universe: Sample adults 18+ who had joint pain in the past 30 days**Skip Instructions:** <0-10,R,D> [goto JNTCHR]

Question ID: ACN.270_00.000 **Instrument Variable Name:** JNTCHR **QuestionnaireFileName:** Sample Adult**Question Text:** Did your joint symptoms FIRST begin more than 3 months ago?

1 Yes
2 No
7 Refused
9 Don't know

Universe: Sample adults 18+ who had joint pain in the past 30 days**Skip Instructions:** <1,2,D,R> [goto JNTHP]

Question ID: ACN.280_00.000 **Instrument Variable Name:** JNTHP **QuestionnaireFileName:** Sample Adult**Question Text:** Have you EVER seen a doctor or other health professional for these joint symptoms?

1 Yes
2 No
7 Refused
9 Don't know

Universe: Sample adults 18+ with joint pain**Skip Instructions:** <1,2,D,R> [goto ARTH]

Question ID: ACN.290_00.000 **Instrument Variable Name:** ARTH **QuestionnaireFileName:** Sample Adult**Question Text:** Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

1 Yes
2 No
7 Refused
9 Don't know

Universe: Sample adults 18+**Skip Instructions:** If ARTH eq <1> or JNTSYMP eq <1> [goto ARTHWT]; else [goto PAINECK]

**2005 NHIS Questionnaire - Sample Adult
Adult Conditions**

Document Version Date: 21-Feb-06

Question ID: ACN.290_00.010 **Instrument Variable Name:** ARTHWT **QuestionnaireFileName:** Sample Adult**Question Text:** Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Universe: Sample adults 18+ with joint pain or arthritis**Skip Instructions:** <1,2,R,D> [goto ARTHPH]

Question ID: ACN.290_00.020 **Instrument Variable Name:** ARTHPH **QuestionnaireFileName:** Sample Adult**Question Text:** Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Universe: Sample adults 18+ with joint pain or arthritis**Skip Instructions:** <1,2,R,D> [goto ARTHCLS]

Question ID: ACN.290_00.030 **Instrument Variable Name:** ARTHCLS **QuestionnaireFileName:** Sample Adult**Question Text:** Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Universe: Sample adults 18+ with joint pain or arthritis**Skip Instructions:** <1,2,R,D> [goto ARTHLMT]

Question ID: ACN.295_00.000 **Instrument Variable Name:** ARTHLMT **QuestionnaireFileName:** Sample Adult**Question Text:** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Universe: Sample adults 18+ with joint pain or arthritis**Skip Instructions:** <1,2,D,R> [goto ARTHWRK]

2005 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 21-Feb-06

Question ID: ACN.295_00.010 **Instrument Variable Name:** ARTHWRK **QuestionnaireFileName:** Sample Adult

Question Text: In this next question we are referring to work for pay.
Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

1 Yes
2 No
7 Refused
9 Don't know

Universe: Sample adults 18+ with joint pain or arthritis**Skip Instructions:** <1,2,R,D> [goto PAINECK]

Question ID: ACN.300_00.000 **Instrument Variable Name:** PAINECK **QuestionnaireFileName:** Sample Adult

Question Text: The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

DURING THE PAST THREE MONTHS, did you have

... Neck pain?

1 Yes
2 No
7 Refused
9 Don't know

Universe: Sample adults 18+**Skip Instructions:** <1,2,D,R> [goto PAINLB]

Question ID: ACN.310_00.000 **Instrument Variable Name:** PAINLB **QuestionnaireFileName:** Sample Adult

Question Text: * Read if necessary.

DURING THE PAST THREE MONTHS, did you have

... Low back pain?

1 Yes
2 No
7 Refused
9 Don't know

Universe: Sample adults 18+**Skip Instructions:** <1> [goto PAINLEG]
<2,R,D> [goto PAINFACE]